



APPLICATION FOR ELEVATOR CERTIFICATE
401 Lafayette Street, Williamsburg, Virginia 23185-3617, (757) 220-6136, Fax (757) 259-3798

CITY OF WILLIAMSBURG

OFFICE HOURS 8:00 AM - 4:30 PM

STREET ADDRESS: _____
APPLICANT: OWNER _____ INSPECTOR _____ OTHER _____
INSPECTION AGENT: _____ BUILDING OWNER: _____
ADDRESS: _____ ADDRESS: _____
ZIP CODE: _____ ZIP CODE: _____
PHONE: _____ PHONE: _____
INSPECTOR's NAME : _____
CERTIFICATION ON FILE: YES _____ NO _____

NUMBER AND IDENTIFICATION OF DEVICES:

_____ **PASSENGER ELEVATORS / ADA LIFTS**
SERIAL NUMBERS: _____

_____ **FREIGHT ELEVATORS**
SERIAL NUMBERS: _____

_____ **OTHER DEVICES (ESCALATORS, DUMB WAITERS)**
SERIAL NUMBERS: _____

APPLICATION FOR : INSTALL NEW DEVICE _____ RENEWAL of ANNUAL CERTIFICATE _____

BRIEF DESCRIPTION OF DEVICES: _____

DATE: ____ / ____ / ____

APPLICANT SIGNATURE: _____

PRINTED NAME: _____

FOR OFFICE USE ONLY

____ APPROVED _____ DISAPPROVED

COMMENTS: _____

DATE CERTIFICATE ISSUED: ____ / ____ / ____

APPROVED BY: _____ DATE: ____ / ____ / ____